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Practitioner's Docket No. MPI00-368P1RM
(703) 872-9306

PATENT

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Submitted herewith:

Transmittal with Request for Extension of Time

2 pages—in duplicate

Total

5 pages (including cover)

TO/SB/97 (08-00)

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SEP 22 2003

Practitioner's Docket No. MPI00-368P1RMPATENT
OFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Maria Alexandria Glucksmann, et al.
Application No.: 09/942,374 Group No.: 1646
Filed: August 29, 2001 Examiner: J. D. Ulm
For: 57242, A NOVEL HUMAN G PROTEIN-COUPLED RECEPTOR FAMILY
MEMBER AND USES THEREFOR

Mail Stop
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith for this application is/are:
This Transmittal which includes a request for a 1 month extension of time in the referenced application (2 pages - in duplicate).

STATUS

2. Applicant is other than a small entity.

PETITION FOR EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a one month extension:

Fee: \$110.00

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☐ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10*

- ☐ with sufficient postage as first class mail.

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TRANSMISSION

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Diana Gentile

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Date: September 18, 2003

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Practitioner's Docket No. MPI00-368P1RM

Extension fee due with this request \$110.00

If an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)			(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment			Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	
Total	0	Minus	0	=	0	\$18.00	=	\$0.00
Indep.	0	Minus	0	=	0	\$84.00	=	\$0.00
First Presentation of Multiple Dependent Claims			0			\$280.00	=	\$0.00
						Total Addit. Fee	\$0.00	

Total additional fee for claims required \$0.00

FEE PAYMENT

5. Charge Account No. 501668 the sum of
- \$110.00
- (which includes the
- \$110.00
- extension fee and the
- \$0.00
- additional fee for claims). A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 501668.
-
- If any additional fee for claims is required, charge Account No. 501668.

7. Correspondence Address
-
- Direct all future correspondence to:

Customer Number 30405

OR

Intellectual Property Department
MILLENNIUM PHARMACEUTICALS, INC.
75 Sidney Street
Cambridge, MA 02139September 18, 2003

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